U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only					
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.				
E S Reco					
1. File Number U - 734/	2. Fiscal Year Covered From:				
den frameninen in	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name William L Livingston III	Name Const. & Genl Laborers Local Union No. 264				
	Labor Organization File Number 018-798				
P.O. Box, Bldg., Room No., if any Suite 103	P.O. Box, Building and Room Number, if any Suite 103				
Street 1101 East 87th Street	Street 1101 East 87th Street				
City Kansas City	City Kansas City				
State Missouri ZIP Code +4 64131-2757	State Missouri ZIP Code + 4 64131-2757				
5. Position in labor organization.					
Vice-President/Field Represe	ntative				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of					
the second secon	derived income or other economic benefit of				
monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.				
monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name	ion represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	ion represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	ion represents or is actively seeking to represent.				
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6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.				
monetary value from an employer whose employees your organizat  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.				
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.				
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.				
monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sig	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  7.c. Amount.  7.b. Amount.				
monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sig  15. Signature and verification. The undersigned declares, under penalty or submitted in this report (including the information contained in any accompared).	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  7.c. Amount.  7.b. Amount.				

Name of Person Filing William Livingston III	File Number <b>U</b> -					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).  Name GKC LABORERS APPRENTICESHIP PROGRAM  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 8944 KAW DRIVE  City KANSAS CITY  State Kansas ZIP Code + 4 661111	9. Business deals with:  a. Labor Organization b. Trust c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	COMMENSAN AND COMMENSAN STATES OF STATE AND				
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Provides training for LIUNA members the Western MO & Ks Laborers' Distr	affiliated with ict Council.				
Street	11.b. Approximate dollar value of such dealing.	\$9,160				
production of the second secon	12.a. Nature of interest held or income received.	Augustus Signed Company of manifest of the following the state of the				
State ZIP Code + 4	Cost allotted for wife and my atter Apprenticeship Graduation dinner as of Local 264 on behalf of Local 264 apprentices.	a representative				
	12.b. Amount.					
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	s = s + s + s + s + s + s + s + s + s +				
(including trade name, if any).		e de la composição de l				
Name		Weeping of the Control of the Contro				
Trade Name, if any:		MOS-menoscopicus————————————————————————————————————				
P.O. Box, Bldg., Room No., if any	To a second seco	and the second s				
Street		No. of the Control of				
City		December 1891				
State ZIP Code + 4		manuscus and an area and a second and a second and				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	en men en men en e				

Name of Person Filing	เพียงไล่	Livingston	TII
Harris or Cooking	MITITAL	アネヘチエバウン・ヘハエ	3 2 2

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

F			-c	9. Business deals with:	
8. Nam	e and address of Business (include	ding trade name	e, if any).		
Name Arnold, Newbold, Winter & Jackson, P.C.		a. Labor Organization			
Trade	Name, if any:			ATTENDED.	
P.O. 1	Box, Bldg., Room No., if any Suit	e 1600	inn edirimikratnik (trima ee ei urte V Circle V trima	b. Trust	
Street 1125 Grand Boulevard		c. Employer			
City	Kansas City				
State	Missouri	ZIP Code + 4	64106-2503		
10. If 9.	b. or 9.c. is checked give trust or em	ployer's name.		11.a. Nature of such dealing.	emmunus kritismad (s) triatis kriting for a constant of the co
Name		Provides legal services for Local Union, Employee Benefit Funds, and Employee/Contractor Trust			
Trade	Name, if any:	million o 2 va va va 33 s Anna 133 A gan and A gan The analysis are an anna 13 and a second a second a second a gan and a		departments.	
P.O.	Box, Bldg., Room No., if any	ad 1 fgg 1 e 1 ga d meigh e 1 ga fga e 1 ga faigh an 1 ga e 1 ga faigh a 1 ga e 1 ga faigh a 1 ga e 1 ga faigh a maigh a 1 ga ga faigh a 1 ga faigh an 1 ga e		Transition and the state of the	
Stree		engenergegegegeben 35 ferbieden is 150 ferbiede 140 fer	and a second control of the second control o	A COLOMBIA DE LA COLO	To the second se
City		د چهرون د در د			
State		ZIP Code + 4		11.b. Approximate dollar value of such dealing.	\$2,710
				12.a. Nature of interest held or income received.	
				Christmas gift card received in De	cember 2004.
				12.b. Amount.	\$50